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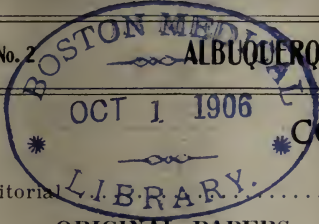
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EDITORIAL.

There has been widely circulated among physicians a reprint from the St. Louis Medical and Surgical Journal, bearing the signature of Dr. Ohmann-Dumesnil, Editor of that Journal, attacking the methods employed by "Collier's Weekly", in attacking the indiscriminate sale of "headache powders."

While we believe that all such protests and attacks, if such words are used, should come from the medical profession, it must be confessed that the natural antipathy of physicians to public notoriety prevents such action being a concerted one, and the views of such work has largely fallen upon the lay journals.

Dr. Ohmann-Dumesnil has sifted down each fact as it appears in "Col-

lier's" and has gone to considerable trouble and paper to disprove them in the deadly parallel style. Some of his remarks will bear reproduction:

"Only six of the said 22 cases were discovered to have been bona fide cases of poisoning, and nearly all of these were due to overdoses. No sane physician will condemn a drug or medicine because an **overdose** results unfavorably, for if we did we might better quit the practice of medicine than to treat patients with drugs so inert that overdoses will never do harm. Any drug or medicine which is safe if taken according to the directions on the package, is a safe remedy in the sense in which the words 'safe' is used in medicine."

The learned doctor has evidently "slipped up" on his logic or probably his attitude towards proprietary medicines might be paraphrased like the old lady's patriotic outburst: "My country, right or wrong, but still *my* country."

He claims "that there is a conspiracy on foot to injure the well known, safe and reliable coal-tar drugs, especially acetanilid, because same are used in headache powders."

As far as the medical profession is concerned, he knows full well that many desire, not to prohibit proprietary medicines, but to insist that the ingredients of which they are composed, shall be public knowledge. His argument that "over doses" cannot be taken with impunity any more than standard drugs is fallacious.

How many of the preparations, which he so ardently brings his ready pen to champion, display on their attractive labels the word "harmless"? Can he in his discussion eliminate the oldtime word "idiosyncrasy", and can the makers of a preparation be held blameless for individual peculiarities of the users, when the said preparations are branded as innocent and free from guile?

The law keeps a watchful eye on the physician and the pharmacist, holding

both responsible for the administration of an excessive dose; death following such is apt to be rigidly examined into, and proper penalties imposed for wrong doing; on the contrary, is it not a fact that no present law can reach remedies sold over the counter by irresponsible parties to unsuspecting purchasers? If such remedies contain certain drugs which in certain doses are poisonous, not necessarily lethal, is there no process by which the purchaser may be warned of the results of excessive mistaken use?

Does our editorial friend assume that the use of such remedies may not lead to a general lowering of the system, thereby lowering the individual resistance power, thus contributing to, if not being the actual cause of trouble?

These inquiries are those made by the general practitioner, and are self-evident propositions.

We regret extremely, not only the matter of the pamphlet, but especially the manner in which it has been circulated; it has too much the appearance of underhandedness, almost as if afraid to make an argument in the open; there is too much onesidedness in the attempted explanation, and the worst feature of all, and the one which is markedly apparent to the most casual reader, is the tone of special pleading running thro it; so plain is this, that the writer has laid himself open to the suspicion, to put it mildly, that he is the attorney for the defense. As he is a consistent member of the A. M. A., we shall have to acquit him of any personal pecuniary interest in the manufacture of coal tar products, but would remind him that as the editor of a medical journal presumed to carry some weight, such marked partiality is very, very mildly expressed as "bad form."

In his conclusion he says: "We do not expect or await any acknowledgment." Whether his own opinion of his merits has developed a pachydermatous condition, or that he himself is in doubt as to the justice of his argument, does not appear.

We would remind him of two facts that will in time modify present opinions and legislation: First, that the physician will demand that manufacturers of all drugs sold in the open market shall either publicly declare the ingredients if of compound nature, and that they shall be subject to the same regulations as the profession for any injurious effects resulting therefrom, and second: That the lay public is becoming extremely solicitous on these matters, taking a personal interest in all such developments as he exposes, and will justly separate the wheat from the chaff and render its verdict accordingly.

We therefore recommend to those persons who consider a patent right a buccaneering privilege the words of Lincoln, and predict that they "Can't fool all the people all the time." W.

Regardless of the fact that tuberculosis is a disease absolutely incurable by any medicine, the larger towns of the Territory are spasmodically infested by some quack who advertises as a specialist, and who has a sure cure, either by drubbing or drugging, or a combination of both.

As it is impossible for the Licensing Board to foretell the conduct of an applicant, some of these men have been successful in procuring a permit to practice, which of course is soon revoked.

Why a physician who is capable of practicing a profession which is possible only because of its ethics, should abandon himself to quackery, and pro-

voke the appellation of a modern Ananias besides, is a question which might be answered in this way: Either he is lacking in requirements necessary for success in legitimate practice, or he has a head full of the proclivities of a harpie who plays with human health and life with as little concern as he would button on his boots.

Knowing that the lay mind is awake to the fact that specializing is the modern tendency in medical practice, these men hope for notoriety under the banner of the specialist; not legitimately, for a specialist is perfected only after years of study and experience, and depends largely upon the general practitioner for his business; but by slinking from the profession, and with nerve as his principal asset, he stoops to advertise a lot of falsehoods, and thereby proclaim himself independent of the profession to which he owes all honor.

Fortunately, however, this species of quack, who imposes himself and his cure upon the tubercular patients of our good towns, soon finds his road so rocky, his license in jeopardy, and his prospective dupes so intelligent, that he either settles down to legitimate business, or skips for greens where people are more gullible.

Meantime, an increasing percentage of unfortunate consumptives are being saved by open-air, diet and methodical living under the care and guidance of competent physicians, who maintain the honor of their profession, and who are not terrorized by fear of having their places usurped by quacks and medical upstarts.

Members of the profession are warned against the operations of one G. E. Simpson, who is fraudulently taking orders for *Surgery Gynecology and Obstetrics*, published by the Surgical Publishing Company of Chicago, and

under the managing editorship of Franklin H. Martin, M. D.. Many doctors have already been victimized by this man to the extent of paying cash for orders for the journal or giving him checks payable to his own order; and this notice is published in the interest of the profession and for the purpose of putting a stop to his further operations. Secretaries of local medical societies are requested to warn the members of their societies against his operations.

OUR LICENSING LAW.

(Dr. Francis T. B. Fest, Las Vegas)

Looking over the Educational Number of the J. A. M. A., the resident of New Mexico is greatly disappointed. All states and territories report examinations with the exception of New Mexico and the Indian Territory, and the Indian Territory is not reported because each nation has a different law; therefore New Mexico stands alone, forming a class for itself. New Mexico is the only part of the great Union where almost every graduate of almost every college may become licensed on the payment of a fee and presentation of letters of recommendation. The present law did not intend such a sad condition, the originators had the impression that this law gives the Board of Health a fair scope of discretion, and has the right to examine every candidate when applying for license, at the same time having the privilege of granting license by reciprocity, and to those of such standing where a formal examination can be dispensed with. Such was the practice until over a year ago when a ruling of the Attorney General prohibited the examinations. It is difficult to understand how a patriot can interfere in such a way with the fundamental maxim of the standing of the profession of

his territory, so much more as every practitioner is willing to convince the Board of his standing. The harm is done. While nobody can be pointed out as unworthy of practicing in our midst, yet the moment may come that this happens, and it is the duty of the profession to avoid such a possibility by having a law passed, which works as intended, and cannot be contested. Our honor is at stake by forming a class for ourselves, and having the stigma of a low standard. The legislative body of New Mexico is going to meet soon, and it is time now to make actual and effective propaganda for a new law. The officers of the Territorial Association ought to consider it their duty to take the proper steps to convince the legislators by word and letter of the necessity of such law, and if possible, send a committee to the session of the legislative body and appropriate the expenses as will be needed for such action. And once securing a new law, let us secure the very best and place the standard of the profession of New Mexico on the same level with the best.

We welcome to our desk, the first issue of the West Virginia Medical Journal. This publication is the official organ of the West Virginia State Medical Association, and Dr. S. L. Jepson, the editor, is to be congratulated upon the excellence of the first issue.

We are happy to announce that the last issue of the *JOURNAL* was widely read, that is, as far east as Binghamton, N. Y., to our knowledge, where it was so eagerly sought that an order for a copy was received by registered mail, followed by a second letter which marked a superlative degree of nervous excitement on the part of the writer. All because of a short

editorial, commenting upon a circular letter hailing from the above address.

THE MEDICAL PROFESSION AND THE TELEPHONE.

The Vienna correspondent of the *Lancet* (July 14, 1906) says: "The general use of the telephone has resulted in some unpleasant conflicts between patients and their medical advisers, as some of the former fail to understand that treatment 'at a distance' is not within the power of a medical man. On the other hand, many patients find the telephone very convenient as a means of obtaining medical advice from a practitioner without having to pay his usual fee. In order to put an end to doubts as to the lawfulness or otherwise of charging for a 'telephone consultation' when the circumstances made such a consultation possible—as, for instance, after an operation or before a patient's departure for a health resort—a case was brought into court where a patient, who had several times, even at night-time, asked his medical man for professional advice, but refused to pay such fees. The judge decided that the advice must be paid for, whether it was given in the consulting room, or by letter, or by telephone, or at the bedside. The special knowledge of the practitioner, acquired with difficulty after long years of study, could never be a subject of 'sweating,' it was the practitioner's duty to decide whether the case was such that he might safely give his further instructions by telephone after having seen the patient personally on a previous occasion. It is the intention of the branch divisions of the medical councils to require their members to charge for such consultations."

It may seem superfluous and almost ridiculous for a medical journal to call attention in this enlightened day to the relationship between malaria and the mosquito, but there is sometimes a bit of good to be achieved by the repeating of well known truths.

That the *Anopheles* mosquito is the intermediate host of the malarial parasite which undergoes a cycle of existence in the insect lasting for a period of ten days is now an accepted fact. At the end of the developmental period in the insect *sporoids* may be introduced into the body of the human along with the bite of the insect. In due time the characteristic symptoms and signs of the disease are developed.

So far as is known we may assert that without the *Anopheles* mosquito, malaria cannot be conveyed.

It would be an interesting contribution to the literature and knowledge of this subject so far as this Territory is concerned, were some of our New Mexico physicians to investigate the question in their respective localities. The microscope and the mosquito breeding pools will tell the tale.

In our last issue we commented upon the fact that the Pure Food Bill was being "held up" in Congress. Since that time the bill has passed both branches of Congress, and having received the signature of the President, has attained the dignity of a law. A copy of the bill, as passed, will be found within these pages.

The act makes it unlawful to manufacture in the Territories or District of Columbia any article or food which is adulterated or misbranded. It fixes a standard of purity for drugs, and it prohibits the use of alcohol for the dissolving of ingredients to be used in a proprietary medicine without a statement of the fact on the label.

This law is, of course, applicable only to interstate commerce. It now becomes necessary for us as medical men to see that the various state legislatures enact suitable legislation that will prohibit the manufacture and sale of adulterated food and drugs within the limits of the various state, else our laborious work of the past fifteen years will be of little avail so far as the great mass of our people is concerned.

The writer has personal knowledge of several so-called "pure" proprietary preparations that are put up in one state that are certain to contain adulterations. This law does not reach them so far as the sale in the state of their manufacture is concerned.

While the victory has been a great one, there is yet much work for us to do before an ideal state of affairs can be said to have been reached.

Let it be resolved: That we strive to carry to every patient a more pronounced spirit of hopefulness and good cheer; to know more about disease, exhausting, so far as we may, every possibility of relief or cure; to search for medical truths and accept them wherever they may be found, regardless of source to meet our defeats like men and fight our battles with undiminished courage; to hate evil and have no commerce with hypocrisy nor with those who fatten on the misfortunes, the ignorance and the appetites of the weak; to give every man a square deal and demand the same for ourselves; to be kind to all, but especially the unfortunate; and, finally, to dedicate our energies and our talents to the service of our fellow men, aiming to make medicine, as we practice it, so helpful, so efficient, so scientific, that there shall be no abiding place in the communities in which we work, for quackery in any of its many forms.—*Dr. W. C. Abbott.*

MALARIA.*

(Dr. J. M. Shields, Perea, N. M.)

One author says: "Noxious vapor producing malaria"; another says: "Air infected with some noxious substance capable of engendering disease; an unhealthy exhalation from certain soils, as marshy or wet lands, producing fevers; miasma."

It seems now, to have been definitely determined, that malaria is an infectious disease, caused by a protozoan parasite or hematozoon.

Not lingering with the etiology, we will proceed to symptoms and diagnosis. In well defined cases of malaria, the diagnosis is not difficult; one good thing can be said of the rattle-snake: as a general rule, by sounding its rattle, it gives notice of its presence; so in well defined cases of malaria, the maturing of a fair sized brood of parasites, will first freeze you, and then burn you up in such a never to be forgotten way, that leaves no doubt in one's mind as to what the trouble is; but the rattle-snake does not always sound its rattle, and neither does malaria always give unmistakable notice of its presence; it knows well how to mask its batteries and do deadly work, before its presence is discovered.

Without doubt, much has been learned in regard to malaria, but surely we lack much yet of knowing all, and it may be, that there are deadly secrets connected with the disease, that may never be clearly known while the earth remains.

For malaria, we have a remedy that is considered to be a perfect specific, and yet, this pestilence, that walketh in darkness is sweeping the earth in many parts, as with a besom of destruction. It brings swift death to some, while many others affected by it,

drag out a miserable existence for many years.

A few words in regard to treatment, and we will go on to the real object of this paper which is to speak of malarious conditions in the valley of the Rio Grande and its tributaries.

If the alimentary canal is well cleaned out, and the secretions well stirred up, heroic doses of quinine are seldom necessary; quinine does its best work when administered in liquid form, a little more sulphuric acid than is necessary to dissolve the quinine, seems to make the cure more certain and more prompt. When the patient is wild-eyed and restless with distressing pain in the head, I would never dare to give quinine alone; in these severe cases, moderate doses of quinine, combined with full doses of the bromides, do splendid work.

Doubtless malaria has existed in the valley of the Rio Grande from time immemorable; high altitude is supposed to be unfavorable to the development of malaria. At the southern border of New Mexico, on the Rio Grande, the altitude is nearly four thousand; at the lower end of the Taos Canon the altitude must be nearly seven thousand; in this altitude, malaria seems to be perfectly at home; also, it seems to be spreading out and up the tributaries of the Rio Grande.

Coming to the Jemez early in 1878, I found no malaria; that is, no cases originating there. Years later, it appeared at San Ysidro, which is about twenty-three miles from the Rio Grande; still later, the people of El Canon, three miles above the pueblo of Jemez, began to suffer from malaria.

It may be that years later, we may find it climbing the Jemez range to make new conquests. Surely malaria is more destructive than small-pox. We hear it said that hanging is not so

*Read at the 25th Annual Meeting of the N. M. Medical Association, May, 1906.

bad a thing when one gets used to it. Can it be that the people in general, and the medical profession in particular, have become indifferent to the fearful ravages of this disease? Shall we as physicians, guardians of the health and happiness of the people, shall we continue to give the pound of quinine, without applying even the proverbial ounce of preventative? The notices which say, "Do not spit on the sidewalk," are a slap at tuberculosis, and show that at least something is being done to combat that disease. Malaria is helping to prepare the soil for tuberculosis; even now, the white plague is getting a sure footing in the valley of the Rio Grande.

Why not ask for legislation, if necessary, and clean up the valley of the Rio Grande, from the lower end of the Taos Canon to the Texas border? Given authority, the Board of Health could have health officers fighting malaria with good results. Wherever malaria is found in the territory, all slimy, stinking bog holes could be annihilated.

Proper irrigation is not such a dangerous thing, but ditches are simply turned loose, and in the streets of towns, are seen ponds of water and mud holes that are a standing menace to the health of the people.

When necessary, petroleum might be used to prevent the breeding of mosquitoes. It seems that one cannot become affected by malaria by simply taking it into the alimentary canal; it must be taken directly into the blood.

Mosquitoes are always loaded with malaria, and have a sure way of getting it into one's blood. Doubtless all know something of the snap rats that are found in this territory; when they come to steal corn, they bring a piece of cactus or a little stick, which they leave before taking away a load of

corn: so the mosquitoes bring malaria to us, and take away as much of our blood as they can hold.

Men of the medical profession, are we arising to the occasion? Are we measuring up the requirement in regard to malaria?

This paper is most respectfully submitted, with the hope that some effort may be made to stamp out malaria in the valley of the Rio Grande.

THE DESTRUCTION OF MOSQUITOES.

The Public Health Reports of the U. S. Public Health and Marine Service for June 29th contain the following report from Passed Assistant Surgeon Francis, Mobile, Ala., to the Surgeon-General, dated, June 5th.

Pyrofume was discovered by Dr. J. M. McCormick, of Mobile, and it was at his suggestion and with his co-operation that the following experiments were performed.

Pyrofume is derived by fractional distillation from pine wood as by a by-product in the manufacture of turpentine, etc. It is a clear liquid of a straw color; it has a pungent taste and an odor of pine woods. It is harmless to mucous membranes, skin, fabrics, colors, polished metals, and paint work. When heated in a test tube to a temperature of 60 degrees C. (140 degrees F.) a lighted match will cause a flash at the mouth of the tube. If a lighted match be applied for a few seconds to the surface of an open basin containing pyrofume the liquid takes fire.

If pyrofume be boiled in an open basin the fumes will be given off in a limited amount, but if a current of air be directed on the surface of the boiling liquid the fumes rise in a cloud. If a flame be brought into the fumes within a few inches of the surface of the liquid the fumes ignite and the en-

tire surface of the liquid burns with a vigorous blaze, which can be extinguished instantly by dropping a lid or a single layer of cloth over the basin.

Since the fumes as they come off the liquid can be ignited, the question arises whether there is danger from carrying a flame into a room full of fumes. In order to decide this question, a room of 250 cubic feet capacity was charged with the fumes from four times the liquid necessary to kill mosquitoes. A lighted candle was then introduced into the room through a small opening. The fumes did not ignite. The experiment was repeated with ten times and twenty times the amount necessary to kill mosquitoes and the fumes did not take fire.

The fumes are deadly to *Stegomyia fasciata* and *Culex pugnens*.

After considerable experimentation on different methods of generation of the fumes, it was finally decided that the best results were obtained by an apparatus consisting of a cylindrical upright retort 6 inches in diameter and 24 inches in height, under which is placed a primus lamp. At the upper end of the retort are an inlet tube and an outlet tube. The outlet tube is 3 inches in diameter and its free end is introduced into the room to be fumigated. The inlet tube is 3 inches in diameter and is attached to a hand blower.

The amount of pyrofume necessary for the cubic contents of the room is put into the retort, the primus lamp is placed beneath it and the blower is started, blowing the fumes from the surface of the liquid through the outlet tube, which is passed beneath a window sash, or through the crack of a door, or a hole in a curtain and so into the room.

Mosquitoes placed in a room containing the fumes from 265 cubic cen-

timetres of pyrofume per 1,000 cubic feet of air space will be killed after one hour. The time of exposure may be diminished one-half by increasing the amount of pyrofume. The time necessary to generate the fumes is very short. A room with a capacity of 5,000 cubic feet can be filled with fumes in five minutes. A room of 53,000 cubic feet capacity was filled with fumes in forty-five minutes. With the apparatus in use, the time required to generate the fumes necessary to kill the mosquitoes in a room is one minute per 1,000 cubic feet of space.

When the fumes are being introduced into a room they are more dense at the ceiling than at the floor, but in a few minutes the diffusion is equal.

The room of 53,000 cubic feet above referred to had a ceiling 26 feet in height. Mosquitoes placed on the floor and near the ceiling were found dead at the end of one hour's exposure to the fumes.

Polished silver, brass, copper, steel, nickel, wrought iron, cast iron, a great variety of colored fabrics, polished mahogany and oak, and varnished and white painted work were exposed to double the fumes twice the time necessary to kill mosquitoes, namely, to the fumes of 530 cubic centimetres of pyrofume per 1,000 cubic feet of air space for two hours. All were unaltered. The same articles were exposed to the same treatment the day following and remained unchanged.

Bananas in all stages, from ripe to very green, were exposed to the fumes necessary to kill mosquitoes, namely, to the fumes from 265 cubic centimetres of pyrofume for one hour. The fruit was unharmed and was kept under observation for one week; it was not discolored, altered in taste, checked in ripening, or changed in any way. Bananas in all stages of ripeness were

exposed to double the fumes twice the time necessary to kill mosquitoes and all the fruit was discolored.

The cost of pyrofume is 75 cents per gallon. Two hundred and sixty-five cubic centimetres per 1,000 cubic feet of air space are required. This brings the price of material to 5 cents per 1,000 cubic feet.

Summary.

1. As compared with sulphur, pyrofume stands on an equal footing in price.

2. Whereas the Federal regulations require two hours' exposure to sulphur, pyrofume is efficient against mosquitoes in one hour.

3. While sulphur is injurious to metals, fabrics, paint, and colors, pyrofume leaves them unchanged.

4. Pyrofume is suitable for fumigating the engine rooms and cabins of ships, and for cars and fine residences.

5. In amounts necessary to kill mosquitoes it does not injure bananas.

6. A person can walk about in a room full of fumes and can sleep without discomfort in a room two hours after fumigation.

7. It requires only five minutes to fumigate a large room of 5,000 cubic feet.

8. The fumes are generated outside the room and conducted into it.

FRACTURE OF THE ASTRAGALUS.

(By J. B. Cutter, M. D., Surgeon to the Santa Fe Coast Lines, Albuquerque, N. M.)

That fracture of the astragalus is a pathological condition frequently, too frequently disposed of under the false diagnosis of sprain of the ankle, is the belief and observation of the writer.

The comparative difficulty of forming a conclusion in its favor in injuries at the ankle joint by reason of the great swelling which quickly follows the trauma and the necessity of arriv-

ing at the conclusion many times by a process of exclusion, are points in favor of the error, but the lesion is of so important a character and the restoration of function so dependent upon properly directed treatment in the early stages of repair, that great care in arriving at the diagnosis and the constant mindfulness of its possibility are certainly of the greatest importance.

Within the past few months, three well marked cases of fracture of the astragalus have been under treatment at the hands of the writer, each produced in the classical fashion by fall from a height.

In neither case was the tibia or fibula involved, and fortunately each was seen so soon after injury that in the absence of much swelling the seat of fracture was located without great difficulty.

In one case crepitus was elicited and in all a characteristic prominence was evident immediately beneath the internal malleolus. Pain is at first great, intensified by upward pressure on the sole of the foot, but not by lateral movements of the ankle joint in contradistinction to sprain of that structure.

Treatment.

Tentative measures will not suffice; the foot must be kept in its anatomical relation to the leg; this may be done by confinement in a fracture box, with lateral and posterior splints, (or a Volkman's gutter) or at times in a docile patient simply by the use of sand bags.

Evaporating lotions and an ice cap should be kept on for three or four days, and any remaining swelling at that period reduced by the gentle but constant pressure of an elastic bandage.

At the end of a week a plaster of paris envelope must be applied from the toes to the calf, and rest enjoined

as much as possible for three weeks. The cast must then be removed and massage and passive motion employed faithfully until function is restored and the part has resumed its normal condition and the patient and the surgeon must not be discouraged if this desired end be not fully reached for the tedious period of four to six months or even longer.

A REPORT OF SIX CASES OF FRACTURE OF THE SKULL.*

(By Dr. Jno. W. Elder, Albuquerque, N. M.)

I have no apologies to make for the incomplete manner in which the subject of this paper is presented as I have hurriedly gotten the information and have not had the time to put it together in the way I would like. Of the six cases, four were under the care of Dr. Wylder, one under the care of Dr. Spargo and the sixth was my own.

The first case was that of a man who fell with a bridge which gave way, resulting in a compound fracture of the skull along the median line of the frontal bone; also a fracture of the bridge of the nose and along the left orbit. The brain was macerated and oozing out through the breaks in the bone. He was taken to the Sisters' Hospital, and trephined and all pressure removed, but death resulted without the patient's having regained consciousness.

The second was a man hurt at the same time as the first patient, and also sustained a compound fracture of the skull over the frontal and temporal bones. He was also severely bruised on the left shoulder, back and hip. He was unconscious from the time of the accident until death resulted.

The third man was hurt in the Zuni Mountains on the 23rd day of Febru-

ary and was brought in to the Sisters' Hospital, where he was examined by Dr. Wylder on the 24th. He was unconscious and never regained consciousness. The operation revealed a fracture of the frontal bone of the left side, underneath which was a large blood clot. There was also fracture of the occipital bone.

The fourth patient was a blacksmith; a man of good physique, who had been drinking heavily during the evening at one of the saloons. At midnight he started for the wash-room, but opened the wrong door and fell down the stairway to the basement, landing at the bottom on his head on the cement floor. His friends found him but thought he was drunk, so nothing was done until four o'clock, when Dr. Wylder was called. He had him immediately taken to the hospital and from the conditions present, deep breathing and unconsciousness, he opened down to the bone with free incisions to lay back the scalp, when the parietal bone was found to be badly fractured and comminuted and the brain macerated and oozing out through the breaks in the bone. The traumatism was too severe for any relief to be hoped for and nothing further was attempted, death following in three hours.

The fifth case was that of Dr. Spargo's. Geo. Haywood, colored, age unknown, was kicked by a mule. January 19, 1906. Examination two hours after receipt of injury found him unconscious with a ragged scalp wound over right parietal region and without any focal symptoms. Was removed to St. Joseph's Hospital and prepared for operation. A horse-shoe shaped incision was made over the seat of injury, revealing a depressed fragment of bone, approximately one and a half inches long and one-half inch wide, evident-

*Read at the 25th Annual Meeting of the N. M. Medical Association, May, 1906.

ly made by cork of mule's shoes—fragment removed—there was no apparent hemorrhage—dura intact. After a thorough cleansing, a small drain was inserted and wound closed. Condition remaining the same the following day, dura was incised, but no hemorrhage discovered. Third day, patient could be roused, but developed symptoms of meningitis and delirium, necessitating restraint, and on the fifth day a left hemiplegia, terminating fatally on the seventh day after receipt of injury. No autopsy.

The sixth case was that of a boy fourteen years of age, who was stealing a ride on the rear of an electric car. He jumped off while the car was in rapid motion, striking his head on the rail. Was taken at once to the hospital. There was profuse vomiting and spitting up of blood; there was an abrasion with a contusion posterior to the right ear. He was in a semi-conscious condition. As the comatose condition became more pronounced and the respiration deepened, it was decided to make an exploratory incision. He was given chloroform and a horse-shoe incision made posterior to the right ear. The lambdoid suture was found to be opened and a fracture, extending up through the parietal bone some three inches was also found. On trephining, a spicule of bone was removed and the edges of the fracture brought to the same level. It was a question whether the separation of the suture extended to the base, but the incision was not carried further than a point about one inch posterior to the lower edge of the lobe of the ear. Upon recovery from the anaesthetic, the boy was normal mentally and made an unimpeded recovery so far as the traumatism was concerned. His discharge from the hospital was delayed owing to intercurrent tonsillitis.

IMPOTENCE CAUSED BY BROMOSELTZER.

W. J. Robinson, New York (*Journal A. M. A.*, August 18), reports a case of a married man who consulted him on account of loss of sexual power, but who also suffered from cardiac symptoms, digestive disorder, etc., and has had severe headaches, for over a year. Inquiry developed the fact that he had been taking bromo-seltzer for a long time and was using an average of two dollar-size bottles a week. The drug was voluntarily discontinued by the patient when informed as to its connection with his condition. Under proper treatment his headaches ceased, and he is now a well man. Robinson thinks that a continuation of the nostrum would have been a fatal in this case. Its special action on the sexual organs seen in this case, he thinks, has not been hitherto reported.

BOOK REVIEW.

The Prophylaxis and Treatment of Internal Diseases, by Frederick Forchheimer, M. D., Professor of Theory and Practice of Medicine, Medical College of Ohio, University of Cincinnati, Cincinnati, Ohio.

After years of labor in preparing the manuscript, Dr. Forchheimer has given the profession a book which will be enthusiastically welcomed the world over.

It is eminently a practical and scientific work throughout, and as a reference work, its perusal brings the highest degree of satisfaction.

The author reviews every accepted treatment of all medical diseases, and his frankness in dealing with some is most commendable.

The work is the only one of its kind published, and the reading of any one chapter is worth the price of the volume. D. Appleton and Company, Publishers, 1906.

THE PRETUBERCULAR STAGE OF PULMONARY TUBERCULOSIS.

(Charles F. Beeson, Roswell)

In the light of modern pathology we must recognize in pulmonary tuberculosis a disease, the incipency of which is of necessity slow, but which after a time may either become rapid, or, it may on the contrary continue in a chronic progressive course covering a considerable period of time.

It is generally believed that a majority of primary infections gain entry by way of the respiratory tract; this being the case, a careful study of the physiology of respiration and of the minute anatomy of the lung tissue will convince one of the difficulties which beset the entrance and lodgment of the bacillus. It will impress him that this germ has a difficult road to travel, one strewn with obstacles almost unsurmountable, embarrassments which should convince the most skeptical that in all probability one germ only, or at most a single isolated colony primarily reaches the seat of election which is at the termini of the little ciliated tubes, the entrance to the unprotected walls of the alveoli.

When we come to understand that it requires from three to six weeks for the first tubercle to form, that this tubercle must break down and infiltrate its microscopic neighborhood which in turn must pass through the same cycle of development, finally reaching by extension a state of magnitude sufficient to alter the local structures and systematic functions so as to produce abnormal signs known to us to belong to this disease; it is only when we know this that we can appreciate the words of Prof. Cornet, of Berlin, when he says that the very earliest period at which physical signs become known to us at the present time is six months after the implantation of the germ, and

that it may be one to one and a half years before these signs can be made out.

By the foregoing remarks I desire to call attention to an early if not a primary period in the development of this disease, a period which contains varied and uncertain signs, one of latency which merges insensibly from a state of health into one of recognized disease. Hippocrates described a physique which he associated with his other celebrated observation that "from a spitting of blood comes a spitting of pus", and which we are pleased to call *Habitus Phthisicalis*. This phthisical habit is to be recognized in a person who is tall, delicately built, with oval face, clear skin, blue eyes, long eye lashes, drooping shoulders, winged scapulae, sunken chest, prominent clavicles and with ribs markedly slanting from behind forward, thin hands with in-curved nails. An almost opposite condition, viz: the dark-skinned, raw-boned, thick-lipped type, has been associated with this disease which in either case in all probability really means the result of a disproportioned make-up of the vital organs and a disturbance of that equilibrium which should exist between them, perhaps an arrested development in some of them. Sooner or later such an individual will fall a victim to this dread disease. In such a person the chest measurements will be found to be less than 35 inches.

By dividing the number of pounds weight by the number of feet in height, we will have in the result the so-called "corpulence" which, if it falls below 21, is very inauspicious. Often there is an undersized heart with a relatively lessened arterial blood pressure.

The skin of the body may be marble white in contrast with the color of the hands and face, and often a brown pig-

mentation, the so-called "liver spots" may be seen.

A close observer may note that the eyes are too bright and perhaps one pupil is larger than its fellow at times, due to irritation of the ciliary nerve through the cervical sympathetic from slight changes in one apex.

The lips may show a bluish tinge from deficient oxygenation, or the margin of the gums show an unusual redness. One cheek will often show a transient blush. The hair becomes brittle and the mustache droopy.

At meals he pushes aside the meat, nibbles at it or avoids it altogether. He has decided variations in appearance noticeable from day to day, more especially with the changes in the weather; his weight will fluctuate, or there may be a gradual loss thereof.

His temperature will be found to be subnormal of mornings, with or without an afternoon rise, the thermometer registering slowly, often requiring five to ten minutes to reach a half degree.

He clears his throat frequently, the voice is weak and often husky. Often a single expiratory cough seems to satisfy a vague irritation somewhere. A careful examination of the lungs may reveal no abnormal sounds. A weakened respiratory murmur in one or both lungs would be suggestive and upon full inspiration a rumbling noise is often heard at the end of the act as if the lung had been lying dormant and is just opening up. A single cough often follows this inspiration if deep.

Auscultation may reveal deficient expansion at one apex or the other, or the Liten Shadow may not fall as it should, and owing to the loss of the normal elasticity of the lung tissue from a slight condensation of the parenchyma at a certain point the latter

part of the expiratory effort becomes audible, producing a prolonged expiration nearly always at or near an apex. The same changes would produce an impaired resonance at this point.

The percussing finger may produce a localized muscular spasm, the so-called myoidema.

By placing the ear close to the open mouth of the patient, a fine crepitus is sometimes heard during expiration, the laryngeal crepitus, sounding not unlike the scratching of a fine pen on paper.

Sooner or later a slight hemorrhage or a protracted "cold" will startle the patient, and from this event the beginning of pulmonary tuberculosis is usually dated by the layman, and only too often by the physicians of the present day, but which in reality only means that either a congested tubercular area has leaked or that a tubercular focus has caseated and scattered, throwing toxins and bacilli into the surrounding tissues. From the effects of this caseated material on the lung tissue we will soon have positive signs of an active inflammation extending much wider however than the actual focus of the disease.

In direct ratio to the virulence of the poison and the vulnerability of the tissues will be the ultimate course of the case whether of Phthisis florida or the chronic ulcerative form.

MEDICAL ORGANIZATION.

(Dr. S. D. Swope, Deming, N. M.)

The importance of medical organization was never more felt than at the present time. The vast body of men engaged in the noblest of professions and the poorest of trades, the practice of medicine, at last have awakened to the necessity of a unity of effort, feeling that their power of good over ignorance and disease is in direct rela-

tion to their oneness of purpose. From all over the United States, the small whisperings of necessity have accumulated into a mighty call, that now threatens to reach the most remote country doctor in the fastnesses of his mountain home, bidding him join hands with his professional brother, and shoulder to shoulder march against these two arch enemies of civilization.

A few years ago a popular wave made itself felt against the weak bulwarks of poorly equipped so-called medical colleges, that ground out doctors with the regularity of the advent of February and June. Many of these institutions crumbled under the concentrated fire of public sentiment and professional disapproval, and have ceased to be. Those that remain, strengthened their faculties and extended their terms, until their work has ceased to be a subject of reproach and disappointment, and we are proud to mention them as our almagata.

The days of the blue jeans doctors, who had one book on practice and none on surgery, who boasted the possession of a lance, a cupping glass, and a pair of spectacles, has passed away with the coonskin cap, hunting shirt, and wooden plowshare. He was a noble specimen of manhood, with a good heart and an unenviable amount of ignorance. His affability and courteous demeanor shamed many a backbiting neighbor-knocking peace destroying, apology for a doctor of the present age, whose greatest compliment to a brother practitioner is a damning with faint praise. Though he alights from a polished automobile with grace, and with dignified air, ascends the marble steps of a palace; the man who stiffly dismounted from the old gray mare, and painfully found his way to the rickety door of an humble home, will have a higher seat about

the heavenly choir in the new Jerusalem, and his crown will contain the jewels.

The profession, and the people at large, are beginning to recognize these principles. A healthy organization of the profession upheld by the peoples' approval, will rid us of many of the evils of irregular doctors in every school; remove the nostrum advertisements from our streets, and place humanity under a never ending debt of gratitude. Such an organization is now being effected. And since its suggestion in 1901, 45,000 members of the component parts of the county, state and American Medical Associations, have signified their willingness to co-operate, by joining themselves together. An organization of 45,000 of the leaders of the medical profession is capable of exercising a tremendous influence for good, both to the profession and society in general. The possibilities of organized medical effort along such lines as improvement of medical education, the improvement of the personnel of the professional, improved sanitary conditions; and their benefits to the public, as well as the individual, are only beginning to dawn on the minds of the more advanced in the profession.

With these possibilities before us, the question naturally arises: what shall we do first?

The real source of this well organized movement must be the county society, be it small or large; to its efforts must be entrusted the keeping in line the individuals of this organization; and to their success must be attributed the success of the whole. In no way can such a condition be brought about more easily than by a perfect understanding and close social and professional relation of the component parts of our county societies. Frequent in-

tercourse, with freedom of speech, will develop much to be admired in the weakest of our members, and will frequently remove the conceit and lower the arrogance of the self-opinionated. No man bears closer relations to his associates than the doctor. The deadliest foe of today may be his suffering suppliant patient tomorrow, and his training should be such that he could not recognize him from his dearest friend upon a bed of pain.

To the sacred cloister of the home he may be summoned at any moment, and none but the fool would dare enter these holy precincts with other than clean hands and a cleaner heart. In the hut and the palace the cry of pain should have no varying note.

The doctor should be the cleanest man in the community, with the cleanest hands and the cleanest heart. He should set the example in manner, in morals, and in dress, and what he lacks in mental ability he should make up in assiduity. He should read good books, keep pace with the advance of his profession and in touch with the sentiments, and the peculiarities of his associates, who at any time may become his charge. He who lingers long at the wine cup, and passes his hours in commonplace talk cannot do these things. If he divides his time aright, and fills his hours of leisure with profitable research and intelligent conversation, the day will never be long or the nights dreary.

To some comes the great danger of losing sight of the man in the patient, and the disposition to treat the man as potters clay to be moulded. When such a man cannot change his ultra scientific trend, he should leave the bedside for the laboratory, where amid dry bones, chemicals, and effete material, he may exercise his bent with little danger to his fellow man; and as the

chemist, microscopist, biologist, still be of inestimable service to humanity. All this the proper organization of the medical profession trends to accomplish. We as the roots of the organization, from which the beautiful tree of good must grow, should bind ourselves so firmly together by the ties of professional fraternity, and social relationship, that all may act as one.

Doctors get together too little. Do not see enough of one another.. Their knowledge of their neighbor is too often limited to the comments of acquaintances and criticisms of biased friends, whose over zealous praises are often changed with the seasons. Grocers, dry goods merchants and undertakers, know more of each other. They often value their creditors' virtues with more judgment than we do our colleagues. Too often our lives are narrowed to our practice and our immediate environment, and when we step aside into the unknown paths of science, art, sociability, we wander aimlessly, lost in our own neglect.

We are surprised on becoming acquainted with Dr. H., of whom we have heard so much adverse criticism, to find him a polished, educated gentleman, and to find that Dr. B., whose wonderful ability has been lauded by a deluded laity, is only an ordinary man with nothing special to recommend him. Many of us have heard of Dr. I., who never lost a case, but was wise enough to go off and get drunk when he saw the sands of life of his deluded patron slowly but surely running out. We have heard the comments of the friends: "If we could only have kept Dr. I sober, he would have saved Mary." Verily, one would have been as easy as the other. But if we had that man in a well regulated society, his wings would soon be singed, and it is the only opportunity of converting him.

That some meetings of a county medical society, must be tiresome, could never be disputed; but no meeting where even but two or three are gathered together, and indulge in full discussion and free social intercourse, will be barren or results; some one present will carry away valuable information that will some day prove useful.

This is no excuse for a poor medical society when officers and members come prepared to do their duty, meet on a common level and open their mouths and hearts in social relations. With such experience meetings, the profession would be improved and the public benefited.

The man who will succeed does not fear competition; he makes himself known, and sooner or later reaps his reward. The evil of many societies is the adverse criticisms of the members by each other; "petty jealousies have no place and gain no reward." A clinic, the exhibition of pathological specimens and records of cases, make the evenings shining milestones in the life of a true follower of Aesculapian art. And when the day's work is over, the true laborer will be found by the people worthy of his hire.

DRINKING WATER.

(Francis T. B. Fest, Las Vegas, N. M.)

That mountain water is pure and therefore healthful, is a widespread, popular error.

While the water from high mountain springs may show a low percentage of mineral matter, and the chemist, therefore, finds such water pure; from a hygienic standpoint, we must often condemn it.

We care comparatively little for the percentage of mineral matter as long as it gives no bad taste to the water.

But we care very much about mi-

crobic life in the same, and such conditions which facilitate it.

For instance: if typhoid bacilli are deposited in pure they will die or soon become attenuated. Not so, however, when the water contains nitrogen in any form, which enables the micro-organism to multiply and gain virulence.

Such contamination occurs in open reservoirs through the fecal matter of wild animals and birds, and creates thereby a suitable culture medium.

The ordinary process of water-analysis consists in separating the mineral salts, and then perhaps make the U. S. P. tests with diphenylamin for nitrates, with sulphanic acid and naphthylamin acetate for nitrites, and the Nesslerisation for ammonia. Perhaps the O-consuming power is also determined.

Bacteriologic methods are more seldom used, except for the demonstration of a given micro-organism, and with reason, because often unsuccessful, on account of the relatively small number of micro-organisms in a sample of water.

Boeckmann's work on "Methods of Examinations" (in an article by Eismann) is the modern standard, and I quote therefrom:

"Really pure water should not contain nitrous acid at all; and if water contains more than the merest traces of it this is usually abundant evidence of some kind of pollution, and such water is evidently unsuited for use; at all events for drinking purposes."

Therefore, the question is to demonstrate mere traces of nitrous oxide. Nitrous oxide in water, beyond imperceptible traces from an atmospheric source, is always a product of metabolism of bacteria; mostly anerobic and pathogenous, especially cholera and typhoid germs. Experimentation has

shown that if the presence of nitrites is more than 1: 1,000,000, we can be assured of abundant microbic action; and if less, microbic life may begin at any moment. The experiments of Bujvid with cholera cultures led to the discovery of a color-base which could be separated and fixed with benzol (cholera-blue, and cholera-red.) This research became the starting point of the technique of modern water-analysis.

These colors are the product of contact with an azo-compound, analagous to the diazo-test of urinalysis. Of such tests we know several: the officinal test with phenylenedianain is not sufficiently powerful, nor the Griess-test with a-naphthylamin which reacts in 1: 400,000,000, nor the Riegler-test with naphthionic acid, which in the accidental presence of iron will not indicate in less than in proportion of 1:200,000.

Of late we have one reliable method, the Erdmann test, which is rather complicated, but under nearly all circumstances is a sure indicator of Na N O₂ in 1:2,000,000,000. This test consists in adding to the water of an acidulated solution of sodium anilin-p-sulphonate which diazotates rapidly and forms in contact with amidonaphtholsulphonic acid (sodium amidonaphtholdisulphurate) a monoazo red color. This color varies from heliotrope to magenta, according to the amount of nitrous acid, and a quantitative scale can be made by comparison with a graduated solution of Na N O₂.

For drinking purposes, however, every water must be condemned which gives this color-reaction at all.

In regard to the purification of drinking water, the question is serious indeed. While a moving army may carry a plant to obtain pure drinking water (the U. S. army has adopted the

Forbes system) such a process would not do for the water source for domestic purposes. A purification can be reached, as in London, by filtering through a pabulum of harmless saprophytes; yet such a plant is too expensive for smaller communities. The same holds good with regard to the electro-chemic processes, which are safe but expensive, and only the chemical purification can enter into consideration.

Of late the Moore-method with Cu S O₄ became popular, but erroneously so.

Even an authority like Grosvenor became enthusiastic because water, which had a foul taste due to the excessive presence of anabeneae, algae, rotiferae, syclops, etc., became pure and tasteless after applying 1 cubic meter of Cu S O₄ to 1,400,000 hectoliter of water, more so as Cu S O₄ in 1: 100,000 in pipes and tanks destroyed typhoid germs within five hours.

Now we know better, and cannot rely upon the Moore method in open reservoirs; and know also that it is fallacious to believe that it is sufficient to let the water run over large copper plates. Copper may destroy bacterial life under favorable circumstances, yet, laboratory research has shown that we cannot depend upon the sterilizing power of the same plate in the same place for any length of time.

Furthermore, experiments have shown that sometimes the colon and typhoid bacilli can exist actively for weeks in a Cu S O₄ 1:100,000 solution and that, on the other hand, such weak solutions can stimulate attenuated bacilli into new activity.

Clark and DeStephen, contrary to Moore and Kellermann, only this year fixed the lethal strength of Cu S O₄ solution to 1:1000, which would make water unfit for drinking purposes.

Here we step into the chemistry of the impenderabilities, the science of the future.

At present our drinking water must be treated by prophylaxis. When the time comes that we understand the formation of Burke's radiobes, the radio-activity of all the metals, and the phenomena of Gruhn, then we will understand the bactericidal action of the different rays and radiations, and can use same for the sterilization of water and air.

Everything is more or less radio-active. Radium is only a transmutation of the element uranium, so, halium of radium.

These emanations are bactericidal; and similar emanations are peculiar to all crystalline formations. This perhaps explains the relative purity of water filtered through quartzid formations.

For one experiment we use copper or its salts when its emanations are bactericidal; at other times it is indifferent or even stimulating.

This article has as apology the newspaper notice that a small town in the Southwest is going to sterilize their water supply by letting it run over sheets of metallic copper arranged similar to the radiator of the automobile.

We never know what the public will do; a few leading men of a town will always decide certain measures to be taken, even if based upon popular erroneous beliefs.

We have to teach them that for small plants there is only one way open, viz: study the source of contamination, keep the water pure, condemn if necessary, but do not attempt to purify.

PNEUMONIA, WITH A REPORT OF THREE CASES.

Dr. R. E. McBride, Las Cruces, N. M.

The cases of pneumonia reported here are interesting chiefly because of the complications in two of them and the difficulty of diagnosis in the third.

Pneumonia With Acute Articular Rheumatism.

L. M., a female, house servant by occupation, aged 22, was first seen on the third day of the disease. Physical examination showed the usual physical signs of an acute uncomplicated lobar pneumonia of the lower lobe of the right side. The temperature was 103 deg. F., pulse 108, respiration 40.

On the fourth day (7th of disease) she complained of sore throat and on examination, both tonsils were found to be in a slightly inflamed condition, but beyond this, nothing could be detected that was in any way indicative of the trouble that was coming. The pneumonic process was following the usual course. On the morning of the fifth day (8th of trouble) the elbow joints were swollen and very painful. The skin over the chest and back was covered with a papular eruption (not sudamina) which caused some discomfort from the itching. The entire body was bathed in a profuse perspiration, although the temperature was still in the neighborhood of 103 deg. F. A diagnosis of a complicating articular rheumatism was made and the treatment shaped accordingly. The case progressed to a complete recovery without any further untoward symptoms and was dismissed on the 24th day after having passed through a typical attack of acute articular rheumatism.

The comparative rarity of acute articular rheumatism as a complication of acute lobar pneumonia makes this case interesting. According to Anders,

rheumatism is sometimes a complication of pneumonia, but more particularly in children, while an arthritis due to the pneumococcus and usually with pus formation is a frequent and well recognized complication.

Hare and Dare (Med. News, Aug. 23-30, 1902) have recorded a number of cases collected from the literature, but their conclusion is that "the joint affections are always continuous, with none of the fugitive characteristics of true rheumatism." In the case here recorded the fugacity was well marked. The elbows were first affected, next the ankles, then the knees and then the elbows again. The drenching sweats persisted for some days. The initial tonsillitis was most probably rheumatic in origin. Unfortunately no examination was made of the synovial fluid, hence no absolutely positive statement can be made as to the exact nature of the complication, yet from the clinical history, there is no other conclusion than that this was a true articular rheumatism.

Pneumonia With Jaundice.

H. H., Mexican, teamster, aged about 27, had been ill for six days when first seen. A diagnosis of pneumonia was made by inspection and confirmed by a physical examination, which showed almost complete consolidation of the entire left lung, and all the physical signs of a grave type of the disease. The temperature was 105 deg. F., pulse 130. There was a marked diminution in the intensity of the second pulmonary sound. A clear cut, active delirium was manifest. A most pronounced jaundice was present and the patient vomited frequently. Treatment was of no avail, the patient dying on the afternoon of the seventh day.

In this case we have the jaundice as an interesting complication.

There has been much controversy as

to whether this complicating jaundice is of a hepatogenous or a hematogenous origin. Aufretch (Nothnaegels Encyclopaedia, American Edition) concludes "that "an icterus is added only when a mechanical occlusion of the biliary passages complicates the disease." and adds further that in these conditions we have to deal with a *pneumonia cum ictero*, a term originated by Chomel, rather than a *pneumonia biliosa*.

That we may sometimes have a true hematogenous jaundice as a complication, I believe to be possible, for Banti, quoted by Hare, has shown that the diplococcus pneumoniae has a peculiar hemolytic power, and he further states that cultures from the cases presenting jaundice produce, by animal experimentation, hemoglobinuria, but the same procedure in cases without icterus does not produce a like result. Preble, also quoted by Hare, accounts for the phenomenon by attributing it to a virulent type of infection. Anders looks upon bilious pneumonia as a malarial complication and dismisses it in few words.

Be the cause what it may, it seems to be the general opinion that this complication adds gravity to the prognosis of a disease in which the prolepsis is already too grave.

Latent or Central Pneumonia.

Mrs. E., housewife, aged about 40, and the mother of a number of children, when first seen, stated that she had been ill for two days with "fever" and felt "mighty sick." There was no pain. The onset had been rather subacute and was accompanied by some headache and some vomiting, both of which had ceased when I first saw her. She had had four five grain doses of sulphate of quinine previous to my visit with no appreciable effect upon the temperature, although the four doses had been given within three hours'

time. (This dosing was her own idea, and had not been ordered by any physician.) The appearance of the patient was indicative of some serious trouble, but a careful physical examination failed to develop any evidence of trouble. The only things that were noticed were a slight bluish tinge to the lips and a slight increase in the respiration. A probable diagnosis of pneumonia centralis was made. On the sixth day a spot of tubular breathing was detected on the posterior chest wall about the center of the lower right lobe. Rusty sputum appeared a few hours later, confirming the diagnosis.

The case progressed slowly to complete recovery.

This case is interesting on account of the difficulty in diagnosis. Such cases are always of interest, for central pneumonia is invariably obscure, and often leads to a mistake in diagnosis. That a serious trouble is present we may infer from the severe general symptoms, but the absence of any local symptoms precludes the possibility of a positive diagnosis save by exclusion and "the exclusion must be rigid." The crepitant rale of resolution may be the first positive sign.

A SAN FRANCISCO PHYSICIAN'S EQUIPMENT.

X. D. writes Journal A. M. A.: "In the recent San Francisco 'chill and fever spell' I received my share, and all I saved was my bow-legged dachshund, an obstetric forceps, and an umbrella, which I had forgotten at a patient's house a few days before the quake came. Wasn't I lucky? I do remarkably well now. I made already fifty cents since. I leased a two-story seven room house (on credit) for five years, and my office outfit consists of a borrowed table and chair and an

empty wooden box which I picked up on the street. In my parlor I have now two of them so my patients can sit down. I am now in the business center of the town. Am I not stylish?"

DONA ANA COUNTY MEDICAL SOCIETY NOTES.

The County Society has had no meeting for the past two months, owing to the absence of some of the members, who were enjoying a summer vacation.

Dr. B. E. Lane spent his "off-duty" time on the Rio Dosa.

Dr. C. W. Gerber kept cool in New York.

Dr. W. C. Field made California his headquarters while away.

Dr. R. E. McBride spent part of his time in the East and part visiting his old home in Louisiana.

Dr. W. Freudenthal, of New York, was a visitor to Las Cruces during July.

A movement is on foot looking to the establishing of a hospital in Las Cruces in the near future. It is yet too early to say what will be the outcome of the move, but it is hoped that it will be successful.

Dr. A. Petin has sold out his interests here and is now permanently located in Old Mexico. The doctor has been in Las Cruces very little during the past few years, and his visits here were more to see his family than to practice.

Housemaid—"I'm going to leave you, mum. I am going to work for Mrs. Monk, an' would you give me a good reference, mum?"

Mistress—"To work for Mrs. Monk? Certainly; I'll give you a glowing reference. I hate that woman.—Ex.

THE NATIONAL PURE FOOD BILL

As It Was Passed by the Last Congress and Will Go Into Effect on the First Day of Next January.

An act for preventing the manufacture, sale or transportation of adulterated or misbranded or poisonius or delterious foods, drugs, medicines and liquors, anl for regulating traffic therein, and for other purposes.

Be it enacted by the senate and house of representatives of the United States of America in congress assembled: That it shall be unlawful for any person to manufacture within any territory or the District of Columbia any article of food or drug, which is adulterated or misbranded, within the meaning of this act; and any person who shall violate any of the provisions of this section shall be guilty of a misdemeanor, and for each offense be fined not to exceed five hundred dollars, or shall be sentenced to one year's imprisonment, or both such fine and imprisonment, in the discretion of the court, and for each subsequent offense and conviction thereof, shall be fined not less than one thousand dollars or sentenced to one year's imprisonment, or both, such fine and imprisonment, in the discretion of the court.

Sec. 2. That the introduction into any state or territory, or the District of Columbia from any other state or territory or the District of Columbia, or from any foreign country of any article of food or drugs which is adulterated or misbranded, within the meaning of this act, is hereby prohibited; and any person who shall ship or deliver for shipment from any state or territory or the District of Columbia to any other state or the District of Columbia, or to a foreign country, or who shall receive in any state or territory or the District of Columbia from any other state or territory or the District of Columbia, or foreign country, and having so received, shall deliver, in original unbroken packages, for pay or otherwise, or offer to deliver to any other person, and such article so adulterated or misbranded within the meaning of this act, or any person who shall sell or offer for sale in the District of Columbia or the territories of the United States any such adulterated or misbranded foods or drugs, or export or offer to export, the same to any foreign country, shall be guilty of a misdemeanor, and for such offense be fined not exceeding two hundred dollars for the first offense, and upon conviction for each subsequent offense not exceeding three hundred dollars or be imprisoned not

exceeding one year, or both, in the discretion of the court. Provided, That no article shall be deemed misbranded or adulterated within the provisions of this act when intended for export to any foreign country and prepared and packed according to the specifications or directions of the foreign purchaser when no substance is used in the preparation or packing thereof in conflict with the laws of the foreign country to which said article is intended to be shipped; but if said article shall be in fact sold or offered for sale for domestic use or consumption, then this proviso shall not exempt said article from the other provisions of this act.

Sec. 3. That the secretary of the treasury, the secretary of agriculture and the secretary of commerce and labor shall make uniform rules and regulations for carrying out the provisions of this act, including the collection and examination of specimens of foods and drugs manufactured or offered for sale in the District of Columbia, or in any territory of the United States, or which shall be offered for sale in unbroken packages in any state other than that in which they shall have been respectively manufactured or produced, or which shall be received from any foreign country, or intended for shipment to any foreign country, or which may be submitted for examination by the chief health, food, or drug officer of any state, territory or the district of Columbia, or at any domestic or foreign port through which such product is offered for interstate commerce or for export or import between the United States and any foreign port or country.

Sec. 4. That the examination of specimens of foods and drugs shall be made in the bureau of chemistry of the department of agriculture, or under the direction or supervision of such bureau, for the purpose of determining from such examinations whether such articles are adulterated or misbranded within the meaning of this act; and if it shall appear from any such examination that any of such specimens is adulterated or misbranded within the meaning of the act the secretary of agriculture shall cause notice thereof to be given to the party from whom such sample was obtained. Any party so notified shall be given an opportunity to be heard, under such rules and regulations as may be prescribed aforesaid, and if it appears that any of the provisions of this act have been violated by such party, then the secretary of agriculture shall at once certify the facts to the proper United States district attorney, with a copy of the results of the analysis of the examination of such article duly authenticated by the analyst or officer making such examination, under the oath of such officer. After judgment of the

court, notice shall be given by publication in such manner as may be prescribed by the rules and regulations aforesaid.

Sec. 5. That it shall be the duty of each district attorney to whom the secretary of agriculture shall report any violation of this act, or to whom any health or food or drug officer or agent of any state, territory or the District of Columbia shall present satisfactory evidence of any such violation, or cause appropriate proceedings to be commenced and prosecuted in the proper courts of the United States without delay, for the enforcement of the penalties as in such case herein provided.

Sec. 6. That the term "drug" as used in this act, shall include all medicines and preparations recognized in the United States pharmacopoeia or national formulary for internal or external use, and any substance or mixture or substances intended to be used for the cure, mitigation or prevention of diseases of either man or other animals. The term "food," as used herein, shall include all articles used for food, drink, confectionery, or condiment by man or other animals, whether simple, mixed or compound.

Sec. 7. That for the purposes of this act an article shall be deemed to be adulterated:

In case of drugs:

First—If when a drug is sold under or by a name recognized in the United States pharmacopoeia or national formulary, it differs from the standard of strength, quality or purity, as determined by the test laid down in the United States pharmacopoeia or national formulary official at the time of investigation: Provided, That no drug defined in the United States pharmacopoeia or national formulary shall be deemed to be adulterated under this provision if the standard of strength, quality or purity be plainly stated upon the bottle, box or other container thereof, although the standard may differ from that determined by the test laid down in the United States pharmacopoeia or national formulary.

Second—If its strength or purity fall beneath the professional standard or quality under which it is sold.

In the case of confectionery:

If it contains terra alba, barytes, talc, chrome yellow, or other mineral substance or poisonous color or flavor or other ingredients deleterious or detrimental to health, or any vinous, malt, or spirituous liquor or compound or narcotic drug.

In the case of food:

First—If any substance has been mixed and packed with it so as to reduce or lower or injuriously effect its quality or strength.

Second—If any substance has been substituted wholly or in part for the article.

Third—If any valuable constituent of

the article has been wholly or in part abstracted.

Fourth—If it be mixed, colored, powdered, coated, or stained in a manner whereby damage or inferiority is concealed.

Fifth—If it contains any added poisonous or other added deleterious ingredient which may render such article injurious to health: Provided, That when in the preparation of food products for shipment they are preserved by any external application applied in such manner that the preservative is necessarily removed mechanically, or by maceration in water, or otherwise, and directions for the removal of said preservative shall be printed on the covering or the package, the provisions of this act shall be construed as applying only when said products are ready for consumption.

Sixth. If it consists in whole or in part of a filthy, decomposed or putrid animal or vegetable substance, or any portion of an animal unfit for food, whether manufactured or not, or if it is the product of a diseased animal, or one that has died otherwise than by slaughter.

Sec. 8. That the term "misbranded" as used herein, shall apply to all drugs, or articles of food, or articles which enter into the composition of food, the package or label of which shall bear any statement, design or device regarding such article, or the ingredients or substances contained therein which shall be false or misleading in any particular, and to any food or drug product which is falsely branded as to the state, territory or country in which it is manufactured or produced.

That for the purposes of this act an article shall also be deemed to be misbranded:

In case of drugs:

First—If it be an imitation of or offered for sale under the name of another article.

Second—If the contents of the package as originally put up shall have been removed, in whole or in part, and other contents shall have been placed in such package, or if the package fail to bear a statement on the label of the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucane, chloroform, cannabis indica, chloral hydrate or acetanillide, or any derivative or preparation of any such substances contained therein.

In the case of food:

First—If it be an imitation of or offered for sale under the distinctive name of another article.

Second—If it be labeled or branded so as to deceive or mislead the purchaser, or purport to be a foreign product when not so, or if the contents of the package as originally put up shall have been removed

in whole or in part and other contents shall have been placed in such package, or if it fail to bear a statement on the label of the quantity or proportion of any morphine, opium, cocaine, heroin, alpha or beta eucane, chloroform, cannabis indica, chloral hydrate, or acetanilide, or any derivative or preparation of any of such substances contained therein.

Third—If in package form, and the contents are stated in terms of weight or measure, they are not plainly and correctly stated on the outside of the package.

Fourth—If the package containing it or its label shall bear any statement, design or device regarding the ingredients or the substances contained therein, which statement, design or device shall be false or misleading in any particular: Provided, That an article of food which does not contain any added poisonous or deleterious ingredients shall not be deemed to be adulterated or misbranded in the following cases:

First—In the case of mixtures or compounds which may be now or from time to time hereafter known as articles of food, under their own distinctive names, and not an imitation of or offered for sale under the distinctive name of another article, if the name be accompanied on the same label or brand with a statement of the place where said article has been manufactured or produced.

Second—In the case of articles labeled, branded or tagged so as to plainly indicate that they are compounds, imitations, or blends, and the word "compound," "imitation," or "blends," as the case may be, is plainly stated on the package in which it is offered for sale: Provided, That the term blend as used herein shall be construed to mean a mixture of like substances, not excluding harmless coloring or flavored ingredients used for the purpose of coloring and flavoring only: And provided further, That nothing in this act shall be construed as requiring or compelling proprietors or manufacturers of proprietary foods which contain no unwholesome added ingredients to disclose their trade formulas, except in so far as the provisions of this act may require to secure freedom from adulteration or misbranding.

Sec. 9. That no dealer shall be prosecuted under the provisions of this act when he can establish a guaranty signed by the wholesaler, jobber, manufacturer or other party residing in the United States, from whom he purchases said articles, to the effect that the same is not adulterated or misbranded within the meaning of this act, designating it. Said guaranty, to afford protection, shall contain the name and address of the party or parties making the sale of such articles to such dealer, and in

such case said party or parties shall be amenable to the prosecutions, fines and other penalties which would attach, in due course, to the dealer under the provisions of this act.

Sec. 10. That any article of food, drug or liquor that is adulterated or misbranded within the meaning of this act, and is being transported from one state, territory, district, or insular possession to another for sale, or having been transported, remains unloaded, unsold, or in original unbroken package, or if it be sold or offered for sale in the District of Columbia or the territories, or insular possessions of the United States, or if it be imported from a foreign country for sale, or if it is intended for export to a foreign country, shall be liable to be proceeded against in any district court of the United States within the district where the same is found, and seized for confiscation by a process of libel for condemnation. And if such article is condemned as being adulterated or misbranded, or of a poisonous or deleterious character, within the meaning of this act, the same shall be disposed of by destruction or sale, as the said court may direct, and the proceeds thereof, if sold, less the legal costs and charges, shall be paid into the treasury of the United States, but such goods shall not be sold in any jurisdiction contrary to the provisions of this act or the laws of that jurisdiction: Provided, however, That upon the payment of the costs of such libel proceedings and the execution and delivery of a good and sufficient bond to the effect that such articles shall not be sold or otherwise disposed of contrary to the provisions of this act, or the laws of any state, territory, district, or insular possession, the court may by order direct that such articles be delivered to the owner thereof. The proceedings of such libel case shall conform as near as may be to the proceedings in admiralty, except that either party may demand trial by jury of any issue of fact joined in any such case, and all such proceedings shall be at the suit of and in the name of the United States.

Sec. 11. The secretary of the treasury shall deliver to the secretary of agriculture, upon his request from time to time, samples of foods and drugs which are being imported into the United States, or offered for import, giving notice thereof to the owner or consignee, who may appear before the secretary of agriculture, and have the right to introduce testimony, and if it appear from the examination of such samples that any article of food or drug offered to be imported into the United States is adulterated or misbranded within the meaning of this act, or is otherwise dangerous to the health of the people of the United States, or is of a kind forbidden entry into, or for-

bidden to be sold or restricted in sale in the country in which it is made or from which it is exported, or is otherwise falsely labeled in any respect, the said article shall be refused admission, and the secretary of the treasury shall refuse delivery to the consignee and shall cause the destruction of any goods refused delivery which shall not be exported by the consignee within three months from the date of notice of such refusal under such regulations as the secretary of the treasury may prescribe: Provided, That the secretary of the treasury may deliver to the consignee such goods passing examination and decision in the matter on execution of a penal bond for the amount of the full invoice value of such goods, together with the duty thereon, and on refusal to return such goods for any cause to the custody of the secretary of the treasury, when demanded, for the purpose of excluding them from the country or for any other purpose, said consignee shall forfeit the full amount of the bond: And provided further, That all charges for storage, cartage, and labor on goods which are refused admission or delivery shall be paid by the owner or consignee, and in default of such payment shall constitute a lien against any future importation made by such owner or consignee.

Sec. 12. That the term "territory" as used in this act shall include the insular possessions of the United States. The word "person" as used in this act shall be construed to import both the plural and the singular, as the case demands, and shall include corporations, companies, societies and associations. When construing and enforcing the provisions of this act, the act, omission or failure of any officer, agent, or other person acting for or employed by any corporation, company, society or association, within the scope of his employment or office, shall in every case be also deemed to be the act, omission or failure of such corporation, company, society or association as well as that of the person.

Sec. 13. That this act shall be in force and effect from and after the first day of January, nineteen hundred and seven.

BOOK REVIEW.

Non-Surgical Treatise on Diseases of the Prostrate and Adnexa, by George Whitfield Overall, A. B., M. D., Chicago, Ill.—Rowe Publishing Co., 1906.

This is the third edition of this work which has met with almost universal commendation of its readers.

Its object is to aid the general practitioner as well as the specialist in the

non-operative treatment of all chronic diseases of the urethra, prostrate, bladder, vesicles and kidneys, with their complications.

The work is illustrated throughout, and calls attention to new special instruments for application in the above complaints.

INTERNAL ANTISEPTIC OF TUBERCULOSIS.

H. H. Malone, Augusta, Ga. (*Journal A. M. A.*, September 8), after remarking on the tolerance of the human system to powerful drugs and the susceptibility of the tubercle bacillus to the destructive action of antiseptics, proposes an antiseptic treatment of tuberculosis. The drugs he would employ are iodine and phenol, the latter lessening the irritating action of the former and permitting the use of larger doses. Both, he claims, also promote constructive metabolism under proper conditions. The irritating and caustic properties of phenol can be materially lessened by proper dilution and still further by the action of camphor, and by gradually increasing the dose, he says, much larger doses may be given to advantage than the authorities would lead us to believe. He mentions a dose of 14 grains every two hours, given by Wigglesworth in influenza and by Atkinson in plague, but he prefers to give smaller doses in the beginning and gradually increase as tolerance is acquired. The formula which he has himself successfully used is given as follows: Phenol and tincture of iodine, each 160 minims; spirit of camphor, 3 1-2 drams; glycerin, C. P., 1-2 ounce; and equal parts of cherry laurel water, cinnamon water, chloroform water, and tar water to make 15 ounces. Mix and allow to stand until all free iodine disappears. Then make an emulsion by adding one ounce

each of cod liver oil and powdered acacia. Begin by giving one teaspoonful in 1-2 cup of water every 4 hours and gradually increase the dose to a tablespoonful at one hour intervals. Variations can be made on this according to the requirements; much depends on the technic in the management of each individual case. While not speaking positively as to the action of each of the principal ingredients of the above, Malone thinks there is a combination of direct antiseptic action on the bacilli, with a favorable influence exerted, particularly by the iodine and camphor, on phagocytosis and other protective agencies of the living body. The leucocytes are increased in number and symptoms indicate neutralization of toxins or inhibition of their formation. The tubercle bacilli are more deeply stained by carbolic fuchsin in the sputum of patients under this treatment. A detailed report of his results is promised in the future, but they have been so satisfactory as regards disappearance of the bacilli, increase of weight, and of apparent arrest and cure in some even advanced cases, that he is induced to place the method before the profession.

THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITER.

While surgery is admittedly contraindicated in many cases of exophthalmic goiter, F. J. Shepherd, Montreal, (*Journal A. M. A.*, Sept. 1), maintains that in a certain proportion operative measures are curative or lead to decided improvement. The probable cause is hyperactivity of the thyroid, but the part played by the thymus and other causes in this disease complex cannot be entirely ignored. Shepherd thinks that early operation is safest and that the class of cases most likely to be benefited are not the most severe ones, but those in which the gland is

more enlarged on one side than on the other, with more definite tumor formation, and in which the gland is not excessively vascular and the enlargement has preceded the symptoms by years. In those early cases of enlarged thyroid with mild symptoms in which the gland is soft vascular and evenly enlarged throughout, the results of operation are usually good. With large vascular thyroid and symptoms of marked toxemia from thyroidism operations should be avoided. He notes the disinclination of most physicians to operate and gives statistics from various operators showing good after-effects and low mortality. Nor does he consider general anesthesia as specially dangerous in selected cases. Fourteen cases of his own and three of a certain of his colleagues are reported. There were three deaths, all in desperate cases, nine complete cures, three patients were much improved, one relapsed and one has been lost sight of through improvement followed operation. Sixteen of the patients were females. In all, the operation was called for on account of distressing symptoms. The diagnoses were clinical. He does not believe the pathology of the disease is sufficiently definite to make the microscopic examination of first importance.

FEMORAL HERNIOTOMY.

A. J. Ochsner, Chicago, (*Journal A. M. A.*, September 8), claims that all that is required in treatment of femoral hernia with the normal circular opening of the femoral canal is to dissect out carefully the hernial sac quite up into the peritoneal cavity beyond the inner surface of the femoral ring, ligate it high up, cut it off, and permit the stump to withdraw within the peritoneal cavity. Removing all the fat

contained in the femoral canal and simply closing the skin wound completes the operation. The method is based on the well known fact that it is practically impossible to keep a circular opening in any part of the body from closing spontaneously unless it be lined with a mucous or serous membrane. In cases where the opening is congenitally not circular or is torn in traumatic hernia, or is cut in strangulated cases, this method is of course not indicated. He has used this method constantly for fourteen years and finds that, barring unusual accidents, recurrences do not happen. He tabulates the cases thus operated on from which he has been able to obtain definite reports, thirty in number, and in none of these was there a recurrence. He reviews the principal features of the more important methods used in femoral hernia, some of them in detail, and concludes that every one of them that does not utilize the principle here emphasized of leaving the femoral canal in the form of a circular opening, is faulty.

CONGRESS FOR THE REPRESSION OF ILLEGAL PRACTICE OF MEDICINE

It met in Paris, France, May 28, 1906, with 300 physicians in attendance. Prof. Brouardel opened the session. The ministers of public instruction and of the interior and the prefect of police were also present, and several lawyers were among the speakers. Special emphasis was laid by many of the speakers on the necessity for collecting all the cases of injury from quack practices that are known. Each local medical society was urged to have its members on the alert for such occurrences. Among the resolutions adopted was one to the effect that the medical syndicates should co-operate

in the production of a work showing the danger and damage from irregular practices and ask that the subject should be presented in the schools. Other resolutions were adopted advocating the restriction of massage, and urging that massage should be taught in the medical colleges. Levassort urged the organization of a central office, to be supported by contributions from the various medical societies throughout the country, the official title to be the Central Office for the Protection of the Public Health Against the Illegal Practice of Medicine, which office should centralize the efforts of physicians in the repression of quackery, and the education of the public; collect and classify data in regard to illegal practices and supply information. The suggestion was on motion adopted, as was another offered by the same speaker, for the collection of data for an official directory of all the legally qualified practitioners of medicine in France. The education of the public was specially emphasized as essential to success in the suppression of quackery.

BERNALILLO COUNTY NOTES.

Dr. P. G. Cornish is visiting in Philadelphia.

Dr. J. H. Wroth has returned from a vacation spent in the wilds of Maine.

Dr. W. W. Spargo is in Wheeling, W. Va., on a pleasure trip.

Dr. L. G. Rice, formerly of Elk, N. M., is now located in Albuquerque.

Dr. J. H. Pearce spent a part of August at the resorts of California.

Dr. M. K. Wylder has returned from a trip to St. Louis.

Dr. J. B. Cutter is enjoying a trip through Mexico, and will witness operations on the Panama Canal before returning to Albuquerque.



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